

**Central Christian Church PARENTS' DAY OUT  
Registration Form**

**Office use: Mon\_\_\_\_\_ Wed\_\_\_\_\_ Both\_\_\_\_\_ DI\_\_\_\_\_/Class\_\_\_\_\_**

CHILD'S NAME\_\_\_\_\_ BIRTHDATE\_\_\_\_\_ SEX\_\_\_\_\_

HOME PHONE\_\_\_\_\_ ADDRESS\_\_\_\_\_ CITY&ZIP\_\_\_\_\_

Email:\_\_\_\_\_

We will send updates and calendar information if you would like. We will not send junk.

Mother/Guardian's Name\_\_\_\_\_ Drivers License #\_\_\_\_\_

Employer\_\_\_\_\_ Phone\_\_\_\_\_ Alternative Phone #\_\_\_\_\_

Father/Guardian's Name\_\_\_\_\_ Drivers License #\_\_\_\_\_

Employer\_\_\_\_\_ Phone\_\_\_\_\_ Alternative phone #\_\_\_\_\_

Parent's Marital Status: Married\_\_\_\_\_ Separated/Divorced\_\_\_\_\_ Single \_\_\_\_\_ Other\_\_\_\_\_

If separated/divorced who has custody? \_\_\_\_\_ Has the child been in childcare before?\_\_\_\_\_

Does the child have siblings?\_\_\_\_\_ If so, what are the ages?\_\_\_\_\_

Church Membership affiliation:\_\_\_\_\_

**PERSONS TO BE CALLED IN CASE OF ILLNESS OR EMERGENCY OTHER THAN PARENTS:**

Name\_\_\_\_\_ Phone\_\_\_\_\_ Relationship to Child\_\_\_\_\_

Name\_\_\_\_\_ Phone\_\_\_\_\_ Relationship to Child\_\_\_\_\_

**THE FOLLOWING PEOPLE HAVE MY PERMISSION TO PICK UP MY CHILD. MY CHILD WILL NOT BE RELEASED TO ANYONE NOT LISTED OTHER THAN PARENTS.**

Name\_\_\_\_\_ Phone\_\_\_\_\_ Relation to child\_\_\_\_\_

Name\_\_\_\_\_ Phone\_\_\_\_\_ Relation to child\_\_\_\_\_

Name\_\_\_\_\_ Phone\_\_\_\_\_ Relation to child\_\_\_\_\_

Parent/Guardian Agreement

I swear that the above stated information is true and correct. I have read and agree to the policies of Central Christian Church Parents' Day Out program. I give my child permission to participate in regularly scheduled activities. I agree to notify the director if my child will no longer be attending. I agree to notify the director immediately of any changes in address, phone, etc.

Mother/Father/Guardian signature \_\_\_\_\_ Date:\_\_\_\_\_

Payment options: Monthly\_\_\_\_\_ (108.00/72.00) Daily\_\_\_\_\_ (30.00)

Please list any kind of medication, medical treatment, health problems or allergies that your child might have, please include food, drug, animal asthma, etc.

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**EMERGENCY INFORMATION**

Physician's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

**ALL CHILDREN WILL BE TAKEN TO COOK'S CHILDREN'S HOSPITAL**, unless otherwise noted here \_\_\_\_\_

Insurance Company Name \_\_\_\_\_ Policy Number \_\_\_\_\_

In the event that I cannot be reached to consent for emergency medical treatment for my above stated child, I give permission for the director of Central Christian Church Parents' Day Out Program to give consent for any and all emergency medical treatment and to take my child or to call for an ambulance to the above listed physician and hospital as necessary.

Mother/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Referred by \_\_\_\_\_

Office Use: Referral fee sent \_\_\_\_\_